

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

130

-62-049467

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3136

Registrar's No. 3136

FILED JAN 18 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN AuroraLength of stay in 1b
10 yearsc. CITY
OR TOWN AuroraInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Aurora Community HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
111 CofieldReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Otto

Middle

John

Last

Reuter

4. DATE
OF DEATH

Month

December

Day

31

Year

1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/8/18839. AGE (last birthday)
79IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Columbus, Wisconsin12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Nicolas Reuter

13b. MOTHER'S MAIDEN NAME

Catherine Klaus

14. NAME OF HUSBAND OR WIFE

Ethel Darby Reuter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel Reuter, 111 Cofield, Aurora, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema -
ASHD -INTERVAL BETWEEN
ONSET AND DEATH
36 hrs.
Yours.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1942

Dec-31-1962

Dec 31-1962

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. P. G. M.D.

22b. ADDRESS

Lawrence, Mo.

22c. DATE SIGNED

1-1-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

Jan. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

23d. LOCATION (City, town, or county)

Aurora, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Marsh Funeral Home, Inc., Aurora, Mo.

25. DATE RECD. BY LOCAL REG.

1-11-63

26. REGISTRAR'S SIGNATURE

George D. Angley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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b551

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94200

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12 1-0

13 1-0

Received 1-2-63. pending

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Everett Crawford, Jr., Student Embalmer No. 675

working under my personal supervision.

Student Everett Crawford, Jr.
Signature of Student Embalmer

Signed Robert L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.